

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

02411

Reg. Dist. No. 52

1. PLACE OF DEATH- COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Calvert</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chesapeake Beach</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chesapeake Beach</u>	
TOWN <u>Chesapeake Beach</u>		TOWN <u>Chesapeake Beach</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Joseph</u>	(Middle) <u>Thomas</u>	(Last) <u>Cox Sr.</u>
4. DATE OF DEATH	(Month) <u>3</u>	(Day) <u>5</u>	(Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 14, 1886</u>
9. AGE last birthday <u>64</u> yrs.	If under 1 year Months Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Md</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Thomas Cox</u>		14. MOTHER'S MAIDEN NAME <u>Eliza King</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	
17. INFORMANT <u>Mildred Cox Chesapeake Beach Md</u>			

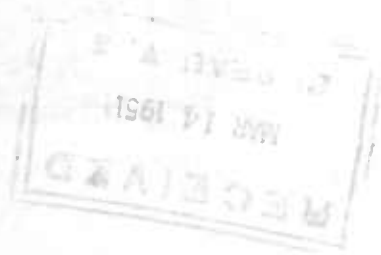
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Cerebral accident</u>			
Antecedent cause(s) (b) <u>arteriosclerosis</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 0/2, 1951, to 3/5, 1951, that I last saw the deceased alive on 3/5, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE <u>M. Deener</u>		ADDRESS <u>Huntingtown Md</u>		DATE SIGNED <u>3/6/51</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Mar. 7, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Wrt. Harmony</u>	LOCATION (City, town, or county) <u>Wrt. Harmony Md.</u>	(State)
DATE REC'D BY LOCAL REG. <u>Mar. 6, 1951</u>	REGISTRAR'S SIGNATURE <u>Grace L. Hatcher</u>	24. FUNERAL DIRECTOR <u>William H. Hatcher</u>	ADDRESS <u>Owings Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02412

## CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH COUNTY <u>Calvert</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Hurstytown</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md</u> COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) <u>Harrair</u> TOWN STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Russell</u> (First) <u>Alex</u> (Middle) <u>Freeland</u> (Last)		4. DATE OF DEATH (Month) <u>3</u> (Day) <u>3</u> (Year) <u>1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 30 1927</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	9. AGE last birthday <u>33</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Mln.
11. BIRTHPLACE (State or foreign country) <u>Md</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Oliver Freeland</u>		14. MOTHER'S MAIDEN NAME <u>William Slater</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <u>Oliver Freeland</u>			

### 18. MEDICAL CERTIFICATION

#### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

##### Immediate cause

##### Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) Hemorrhage due to  
(b) knife stab wound of  
(c) chest

INTERVAL BETWEEN ONSET AND DEATH 5 min

#### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death

Slipped at a party

#### 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

#### 20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>	PLACE (Home, farm, factory, street, or office) <u>Party</u>	(CITY OR TOWN) <u>Huntington</u>	(COUNTY) <u>Calvert</u>	(STATE) <u>Md</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>3 30 A</u> m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>knife stab in chest</u>		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased

alive on....., 19....., and that death occurred at....., 19....., from the causes and on the date stated above.

SIGNATURE Edward D. Re 2, D. W. Re 2, D. W. Re 2 ADDRESS Prince Frederick, Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>3-5-51</u>	NAME OF CEMETERY OR CREMATORY <u>Prin. Point</u>	LOCATION (City, town, or county) <u>Calvert Co.</u>	(State) <u>Md</u>
DATE REC'D BY LOCAL REG. <u>3-6-51</u>	REGISTRAR'S SIGNATURE <u>H. H. Ward</u>	24. FUNERAL DIRECTOR <u>P. E. Sewell</u>	ADDRESS <u>Prin. Frederick, Md</u>	

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

12

RECEIVED  
MAY 8 1961  
BUREAU OF  
THE ARMY

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH - COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>MD</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Adelphi</u> OR TOWN <u>Adelphi</u> LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Adelphi</u> OR TOWN <u>Adelphi</u> STREET ADDRESS (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert Co. Hospital</u>			
3. NAME OF DECEASED (Type or Print) <u>Clifton</u> (First) (Middle) (Last) <u>Gross</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-11-1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-10-1917</u>
9. AGE last birthday <u>34</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Tenant</u>	
11. BIRTHPLACE (State or foreign country) <u>Calvert Co., MD</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Moses Gross</u>		14. MOTHER'S MAIDEN NAME <u>Annie Height</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <u>Father Hurley - Adelphi, MD</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Massive blood clot to heart &amp; pulmonary artery</u>			
Antecedent cause(s) (b) <u>Immediately following reduction of dislocated hip</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Auto accident</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Auto accident</u>			
19a. DATE OF OPERATION <u>3/11/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Dislocated Hip</u>	
20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) <u>Accident</u> PLACE (Home, farm, factory, street, office bldg., etc.) <u>Highway</u> (CITY OR TOWN) <u>St. Leonards</u> (COUNTY) <u>Calvert</u> (STATE) <u>MD</u>			
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>3/11/51 - 1: A.M.</u>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>	
HOW DID INJURY OCCUR? <u>Auto accident</u>			
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on..... <u>3/11</u> ....., 19 <u>51</u> ....., and that death occurred at..... <u>1:00 P.M.</u> ....., from the causes and on the date stated above.			
SIGNATURE <u>Howard D. McE...</u> (Degree or title)		ADDRESS <u>...</u> DATE SIGNED <u>...</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> DATE THEREOF <u>3-14-51</u> NAME OF CEMETERY OR CREMATORY <u>Carroll's</u> LOCATION (City, town, or county) <u>Calvert Co., MD</u> (State)			
DATE REC'D BY LOCAL REG. <u>3-13-51</u> REGISTRAR'S SIGNATURE <u>H. H. Ward</u>		24. FUNERAL DIRECTOR <u>J. E. Sewell - P. Fred.</u> ADDRESS <u>100105 The</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

02414

Reg. Dist. No. 51

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH- COUNTY <u>Calvert</u> MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Calvert</u>			
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Sunderland</u>				CITY (If outside corporate limits, write RURAL and give nearest town) <u>Sunderland</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		(First) <u>Marion</u>		(Middle) <u>R</u>		(Last) <u>Holland</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>C</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12-18-1893</u> 57 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Tenant</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE last birthday <u>57</u> yrs.		11. BIRTHPLACE (State or foreign country) <u>Calvert Co., Md.</u>	
13. FATHER'S NAME <u>James Holland.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY No. <u>213-22-0316</u>		17. INFORMANT AND ADDRESS <u>Louise Wilburn.</u>	
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
(a) Immediate cause <u>Coronary embolism</u>						1	
(b) Antecedent cause(s) <u>Hypertension</u>						2 yrs	
(c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death. <u>Found dead in bed</u>							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY)	
SUICIDE		INJURY					
HOMICIDE							
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED		HOW DID INJURY OCCUR?			
OF INJURY		While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>19</u> to <u>30</u> , 19....., that I last saw the deceased alive on <u>30</u> , 19....., and that death occurred at <u>3</u> A.M., from the causes and on the date stated above.							
SIGNATURE <u>H. W. Ward</u>				ADDRESS <u>3000</u>		DATE SIGNED <u>10/10/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>3-11-51</u>		NAME OF CEMETERY OR CREMATORY <u>Hall's Creek</u>		LOCATION (City, town, or county) <u>Calvert Co., Md.</u> (State)	
DATE REC'D BY LOCAL REG. <u>3-11-51</u>		REGISTRAR'S SIGNATURE <u>H. W. Ward</u>		24. FUNERAL DIRECTOR <u>T. E. Seewell</u>		ADDRESS <u>Prince Frederick</u>	

100105

RECEIVED

MAR 15 1951

BUREAU V. S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02415

## CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH- COUNTY <u>Cabot</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Cabot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Lusby</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Lusby</u>	
TOWN <u>Lusby</u>		TOWN <u>Lusby</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u></u>		STREET ADDRESS (If rural, give location) <u></u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Archie</u> (Middle) <u>Parran</u> (Last) <u>Parran</u>		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>29</u> (Year) <u>1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>M</u>	8. DATE OF BIRTH <u>April 19, 1877</u>
9. AGE last birthday <u>73</u> yrs. <u>11</u> Months <u>10</u> Days <u></u> Min.		10. BIRTHPLACE (State or foreign country) <u>Cabot County, Md.</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13. FATHER'S NAME <u>Thomas Parran</u>		14. MOTHER'S MAIDEN NAME <u>Mary E. Bolles</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If year, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT AND ADDRESS <u>Douglas Parran - Lusby, Md</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>coronary Thrombosis.</u>			
Antecedent cause(s) (b) <u>arteriosclerosis.</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u></u>			
II. OTHER SIGNIFICANT CONDITIONS		19. AUTOPSY?	
Conditions contributing to the death but not related to the disease or condition causing death.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
HOMICIDE	INJURY		
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 3/21, 1950, to 3/29, 1951, that I last saw the deceased alive on 3/29, 1951, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

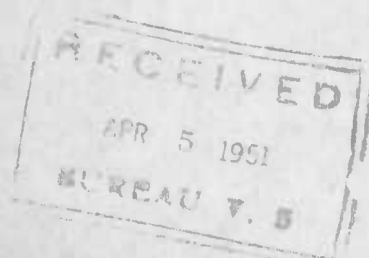
SIGNATURE <u>A. H. Hennes</u>	(Degree or title) <u>MD - Huntington</u>	ADDRESS <u>3/30/51</u>	DATE SIGNED
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>March 31, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Middleham Chapel</u>	LOCATION (City, town, or county) <u>Lusby - Cabot Co., Md</u>
DATE REC'D BY LOCAL REG. <u>3-30-51</u>	REGISTRAR'S SIGNATURE <u>J. N. Ward</u>	24. FUNERAL DIRECTOR <u>A. H. Hennes &amp; Son - Mutual, Md</u>	ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100 105



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02416

## CERTIFICATE OF DEATH

Reg. Dist. No. 57

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH- COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>St Leonard</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>None</u>	
TOWN <u>St Leonard</u>		TOWN <u>None</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS <u>Prince Frederick</u>	
3. NAME OF DECEASED (Type or Print) <u>Oliver</u> (First) <u>Perry</u> (Middle) <u>Roberts</u> (Last)		4. DATE OF DEATH <u>3</u> (Month) <u>11</u> (Day) <u>1951</u> (Year)	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 23, 1919</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Self-employed - Building Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Painting</u>	9. AGE last birthday <u>30</u> yrs. <u>3</u> Months <u>18</u> Days
11. BIRTHPLACE (State or foreign country) <u>Calvert County, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Richard F. Roberts</u>		14. MOTHER'S MAIDEN NAME <u>Katie L. Buck</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If year, give war or dates of service) <u>World War II</u>		16. SOCIAL SECURITY NO. <u>218-18-7151</u>	
17. INFORMANT AND ADDRESS <u>Emerson Roberts - Prince Frederick</u>			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Burned in a car accident</u>			
Antecedent cause(s) (b) <u>8255</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>1700</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Car burned with it in same</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) <u>Accident</u>		PLACE (Home, farm, factory, street, office bldg., etc.) <u>Highway</u>	
SUICIDE		INJURY <u>St Leonard Calvert</u>	
HOMICIDE		CITY OR TOWN (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) <u>3/11/51 1000</u>		INJURY OCCURRED While at <input checked="" type="checkbox"/> Work <input type="checkbox"/> Not While <input type="checkbox"/> At work <input checked="" type="checkbox"/>	
OF INJURY		HOW DID INJURY OCCUR? <u>Auto collision</u>	
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at....., 19....., from the causes and on the date stated above.			
SIGNATURE <u>St Leonard O M E.</u>		ADDRESS <u>Prince Frederick</u>	
DATE SIGNED <u>3-13-51</u>		DATE SIGNED	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE <u>Mar. 13, 1951</u>	
NAME OF CEMETERY OR CREMATORY <u>Wesley M. E.</u>		LOCATION (City, town, or county) (State) <u>Prince Frederick, Md.</u>	
24. FUNERAL DIRECTOR <u>A. A. Hickerson &amp; Son - Mutual, Md.</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15

564246

RECEIVED

MAR 15 1951

BUREAU W. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02417

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Prince Frederick</u> LENGTH OF STAY (in this place) <u>12 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Prince Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert County Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Jean</u> <u>Robey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>21</u> <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 9, 1926</u>
9. AGE last birthday <u>24</u> yrs.		10. KIND OF BUSINESS OR INDUSTRY <u>House work</u>	
11. BIRTHPLACE (State or foreign country) <u>N.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>N.A.</u>	
13. FATHER'S NAME <u>Fred Bradshaw</u>		14. MOTHER'S MAIDEN NAME <u>Pearl Warseley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>William Robey</u>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>
Immediate cause <u>682x</u>	(a) <u>Pulmonary embolism</u>	
Antecedent cause(s) <u>147c</u>	(b) <u>Thrombophlebitis left lower extremity</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>2/22/51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cesarean section</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/22, 1951, to 3/21, 1951, that I last saw the deceased alive on 3/21, 1951, and that death occurred at 7 pm m., from the causes and on the date stated above.

SIGNATURE Edw. Williams (Degree or title) M.D. ADDRESS St. Leonard DATE SIGNED 3/21/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>3/26/51</u>	<u>Bedard Hill</u>	<u>Smithland</u>	<u>MD</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>3-23/51</u>	<u>M. L. Moore</u>	<u>W. H. Gordon</u>	<u>W. H. Gordon</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SENT TO *Coj* REGISTRAR No. \_\_\_\_\_ DATE *3/26/51*

REIVED  
MAR 26 1951  
BUREAU 7. 51

Evidence for change  
in 9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02418

FILE No. G 131 APR 3 1957

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH- COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Baltimore</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Chesapeake Beach</u> LENGTH OF STAY (in this place) <u>20 yrs.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Baltimore</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert County Hospital</u>		STREET ADDRESS <u>4004 Belvidere Avenue</u> ✓	
3. NAME OF DECEASED (First) <u>Cora</u> (Middle) <u>May</u> (Last) <u>Sompsell</u>		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>25</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W.C.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 6, 1878</u>
9. AGE last birthday <u>72</u> yrs.		10. If under 1 year: Months <u>7</u> Days <u>25</u> If under 24 hrs: Hours <u>1</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Carroll County, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William Powder</u>		14. MOTHER'S MAIDEN NAME <u>Martha Alice Wampler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>?</u>	
17. INFORMANT AND ADDRESS <u>Don Russell Boyd - Prince Frederick</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a) <u>Coronary Occlusion</u>			<u>3/18/51</u>
94a Antecedent cause(s) (b) <u>Hypertensive &amp; Atherosclerosis</u>			<u>2 years</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	

21. ACCIDENT (Specify) <u>SUICIDE</u> PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u> (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u> INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 3/18/51, 1951, to 3/25, 1951, that I last saw the deceased alive on 3/15, 1951, and that death occurred at 4:15 m., from the causes and on the date stated above.

SIGNATURE <u>George J. Galt</u> (Degree or title)	ADDRESS <u>Prince Frederick</u>	DATE SIGNED <u>3/25/51</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> DATE <u>3/28/51</u> NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u> LOCATION (City, town, or county) (State) <u>Cumberland-Allegany Co. Md.</u>	24. FUNERAL DIRECTOR ADDRESS <u>A. G. Harkness &amp; Son, Baltimore, Md.</u>	
DATE REC'D BY LOCAL REG. <u>3/26/51</u> REGISTRAR'S SIGNATURE <u>A. H. Ward</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



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RECEIVED

MAY 29 1951

BUREAU V. S.